PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/626960

CLAIMS AS FILED - PART I								SHALL ENTITY			OTHERTHAN		
م			: (Colum	n:1)	(Coli	ımn 2)	ì.	TYPE [_OR	SMALL	EKTITY	
L	OTAL CLAIMS	· 						RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OR	BASIC FEE	790.00	
TO	TAL CHARGE	ABLE CLAIMS	minus 20=		•	•		X\$ 25		OR	×50 l=.		
INI	DEPENDENT C	LAIMS	minus 3 =		•			X m=		OR	×40=		
M	JUTIPLE DEFE	NDENT CLAIM F	RÉSENT			- []		+150=		OR	+300=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										-	OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)			SMALL ENTITY			OR	SMALL			
AMENDIMENTA	12/22/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	
	Total	. 34	Minus	- 4	5	=		X.25'=		OR	X\$50=		
	Independent	+ 5	Minus	3	CLANI	[= <u>2</u>		X420 :		OR	X200=	4000	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+360=)	
	·							TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	Parc	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME FAEVIO PAID F	ER USLY	PRESENT ĐƠTA		FUATE,	ADDI- TIOKAL FEE		PATE	ADDI- TIONAL FEE	
	Totei	•	Minus	##		=		X25 =		OR	XS50=		
	Independent	*	Minus	***		=		X 100=		OR	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=		
							L	TOTAL DOIT, FEE		OB	TOTAL ADDIT, FEE		
		(Column 1)		(Calim	m 21	(Column 3)	^	JOH, FEE'L		• •	WOII. FEEL		
AMENDMENT C	\$2.50 to \$2	CLAIMS FEMAINERS AFTER AMENDMENT		NUME NUMB PREVIOU PAID F	Sī ER USLY	PRESENT EXTRA	-	RATE	ADDI- FEE		RATE	TIONAL FEE	
	Total .	*	Minus -	##		=		X25'=		OR	X\$ 5 0=		
	Independent	*	Minus	***		.=		×100 =		OR	X200:		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									.	+300=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid Fox" IN THIS SPACE is less than 20, enter "20."								+150=		OR [TOTAL		
**	The Highest Nu If the Highest No	mber Previously Pa rhber Previously Pa	id Foc IN THI: Id Foc IN THI	S SPACE is	less than	20, enter "20."	AC	OOT. FEE		OR A	DOIT, FEE		
1	The "Highest Nurr	ber Previously Paid	For (Total or	Independer	nu) is the	highest it root ec	foun	d in the appr	opriate box	in optu	mn 1	•	